

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10  
AUG 14 1934

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Boone  
Township Centralia  
City Centralia (No. ....)

Registration District No. 72  
Primary Registration District No. 4041

File No. 23183  
Registered No. 22  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30th 1934</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centralia MO.</u>		
13. NAME <u>Jessie R Edwards</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Slater MO</u>		
15. MAIDEN NAME <u>Dollie Edwards</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris MO</u>		
17. INFORMANT <u>Dolly Edwards</u> (ADDRESS) <u>Centralia MO</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Centralia MO</u> DATE <u>July 8</u> 19 <u>34</u>		
19. UNDERTAKER <u>W. G. White</u> (ADDRESS) <u>Centralia MO</u>		
20. FILED <u>7/8</u> 19 <u>34</u> <u>J. T. Hershenson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th 1934

22. I HEREBY CERTIFY That I attended deceased from June 30 1934, to July 7 1934  
I last saw her alive on July 7 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Mal nutrition  
Date of onset —

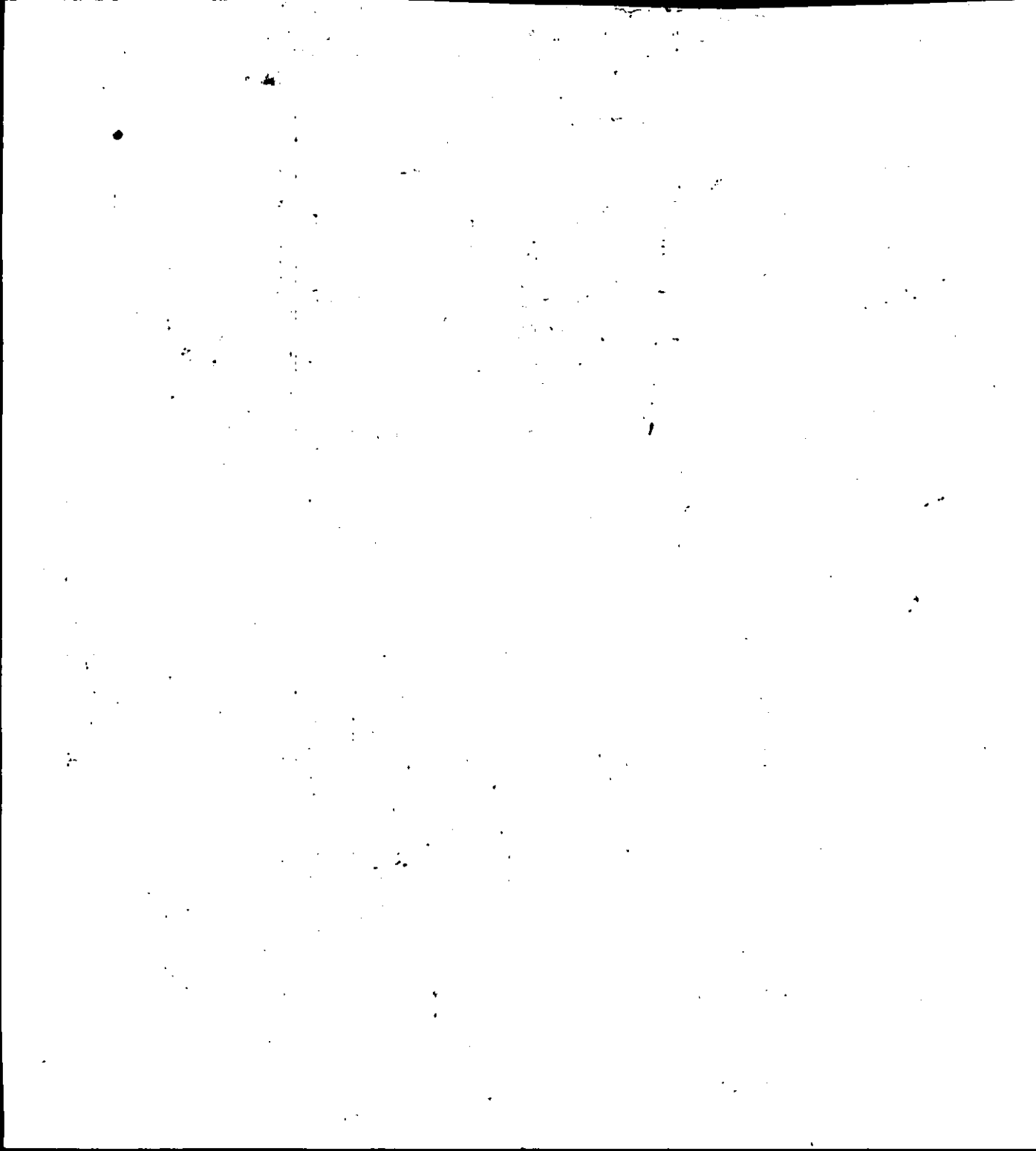
Other contributory causes of importance: 158

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify W. G. White  
(Signed) W. G. White, M. D.  
(Address) Centralia MO



#2 *Boone*

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Dorthy Jane Edwards  
Who died at \_\_\_\_\_ on July - 7 - 34  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex 7 Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 7

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 158 Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Mal - nutrition

never would take nourishment - not premature.

No Mal formation

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician W. E. White

Address of physician Centralia Mo.

Signature of Registrar J. F. Hieron Date filed 8/31 - 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 72

Very truly yours,

Primary Reg. Dist. No. 4041

E. T. McGaugh  
Special Agent.

[illegible]

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